

SERVICES OTHER THAN PERSONAL

Bu. Vou. No.

237

U. S. Cost Reimbursable

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. 908

To

(Payee)

PAID BY

SAFC 5331  
COPY 1 OF 3

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				6,509	11 ✓

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Use continuation sheet(s) if necessary

Shipped from

to

Weight

Government B/L No.

Total

6,509 11 ✓

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences

(Sign original only)

STATINTL

Date

Amount verified; correct for  
(Signature or initials)

6,509 11

Contract No.

A 101

Date

Req. No.

Date

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

By

By

Title

STATINTL

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

APPROVING OFFICER

Paid by

Check No. dated 19 for \$

Cash, \$ on 19 Payee

on Treasurer of the United States in  
favor of payee named above.

(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving official must sign in his own name and in his official title.

Per

STATINTL

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